

WASHINGTON BOROUGH RECREATION DEPARTMENT SWIM TEAM
NON-REFUNDABLE REGISTRATION FEE (Ages 5 – 18)

Registration Fee: \$55 per participant

* Fees Apply for all Boro Administered Programs up to and including the 2nd child (50% for 3rd child and no fee for 4th child and beyond)

**** All participants must be able to swim the length of the pool****

Registration dates March 1st - May 15

SWIM TEAM PARTICIPANTS MUST PURCHASE POOL MEMBERSHIP

Please make checks payable to Borough of Washington

Enrollment can be limited at the Recreation Department's discretion

PLEASE PRINT:

Parent or Guardian Name _____			
Player's Name _____		Male _____	Female _____
Date of Birth _____	Age _____	Grade _____	Phone # _____
Cell Phone # _____		Email address: _____	
Home Address _____		City/State _____	Zip Code _____

PHYSICIAN _____		PHONE# _____
DENTIST _____		PHONE # _____
EMERGENCY CONTACTS:		
1. _____		PHONE # _____
2. _____		PHONE # _____
PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS OR ANY OTHER CONDITIONS THAT MAY IMPACT THE PARTICIPANT'S PLAY:		

VOLUNTEERS ARE ALWAYS NEEDED!						
I am willing to (circle one)	concession worker	hospitality worker	marshal	timer		
	meet official	runner	scorer			
Circle level of NYSCA certification held and indicate in which sport(s) certification is held:						
LEVEL	0	1	2	3	Lifetime	Sport(s)

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

We agree to return the uniform and any equipment issued to us and/or our child in the same conditions as issued, except for normal wear and tear, or agree to pay replacement costs before we and/or our child will be eligible for future participation in Washington Boro Recreation Department sponsored activities

In the case of an emergency, I give permission for the coach to call a doctor and/or send the player named above to a hospital or doctor's office.

PARENT/GUARDIAN

DATE

Fee paid \$ _____ Check #: _____ Received by: _____ Date: _____
Washington Borough Recreation Department, 100 Belvidere Avenue; Washington, NJ 07882

Washington Borough Recreation

Parent Consent to use of Child's

Images on the Washington Borough Website

From time to time, the Recreation Program records digital images of players participating in youth sports activities sponsored by the Borough to document the activities that are offered to Borough youth through the Recreation Program. The Borough desires to post these images on its website to promote the Recreation Program and its activities to the community.

It is the Borough's intent to protect the privacy rights of our young players and their families by (1) prohibiting the posting of any young player's image or identifying information on its website without the express written permission of the player's parent(s); and (2) publishing young players' photos on the website only as a means of promoting the activities of the Recreation Program.

In furtherance of the Borough's goal of protecting the privacy rights of our young players and their families ***no identifying information (name, age, etc.) will be included with any child's picture.***

Consent to use of child's Image on Washington Borough Web Site, Please check one box

☐ ☐ Yes, the undersigned parent or legal guardian of _____ (player's name), agrees and consents to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

The undersigned retains the right to refuse the posting of any particular image of the above named player, and to request the removal of any image at any time by contacting:_____.

☐ ☐ No, the undersigned parent or legal guardian of _____ (player's name), DOES NOT consent to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

Signature of Both Parents or Legal Guardians

Date

Printed name of Parents or Legal Guardians

PARENT CODE OF CONDUCT

New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Borough Recreation Department has established the following code for parents.

I will show respect and good sportsmanship to all players, opposing players, coaches, referees and spectators. I will remind my child and members of my family not to be angry and critical towards players, coaches, referees or spectators and to show respect and good sportsmanship at all times. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I will not strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another person, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices. I will not have in my possession any tobacco, alcohol, illegal drugs, knives, firearms or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will not smoke or use any tobacco products at any game or practice. I pledge that my child is not using dietary supplements that could jeopardize his or her health.

By registering my child for the team, I have made a commitment for my child to attend practices and games and display good sportsmanship. I cannot expect my child to receive as much playing time as other players if I do not meet these commitments. I recognize that every child needs playing time and do not expect my child to play every minute of every game.

I understand that I can be immediately removed from a practice or game and that I and/or my child can be expelled from the team for the remainder of the season, if I behave poorly or fail to follow any part of this pledge. I understand that failure to sign this document and the accompanying PLAYER CODE OF CONDUCT will automatically preclude my child from participating in sporting activities sponsored by the Washington Borough Recreation Department.

Parent / Legal Guardian Name Signature Date

Team Sport / Division

PLAYER CODE OF CONDUCT

New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Boro Recreation Department has established the following code for players.

I am playing sports because it is healthy and fun. I will always try to help my team be successful, but I also understand that losing can teach me valuable lessons, just as winning does. I will come to all games and practices full of enthusiasm, ready to learn, to improve my skills, and to try my hardest. By registering to play for this team, I have made a commitment to attend practices and games and display good sportsmanship. I understand that I cannot expect to receive as much playing time as other players if I do not meet these commitments. I also recognize that every child needs playing time and do not expect to play every minute of every game.

I will show respect and good sportsmanship to my fellow players, opposing players, coaches, referees and spectators. I will remind my family not to be angry and critical towards players, coaches, referees and spectators and to show respect and good sportsmanship at all times. I will try my best not to sound angry or frustrated when I give advice to my teammates. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I also will not slam a ball or container, strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another player, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices.

I will not have in my possession any tobacco, alcohol, illegal drugs, knives, guns or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will also remind members of my family not to use tobacco products or alcohol during any game or practice. I also pledge that I will not take any dietary supplements that could jeopardize my health.

I understand that I can be immediately removed from a practice or game, and expelled from my team for the remainder of the season, if I behave poorly or fail to follow any part of this code of conduct. I also understand that if I and my parent do not sign this document, I will not be allowed to play on the team.

Player's Signature Parent / Legal Guardian Signature

Team Sport / Division



MY CHILD AND I HAVE READ AND OUR FAMILY AGREES TO ABIDE BY THE WASHINGTON
BOROUGH CODE OF CONDUCT

Dear Parent/Guardian

The Washington Sharks Swim Team is a volunteer-run organization. The success of our swim meets and our team depends on the help of all our families.

We need to be able to provide capable volunteers in sufficient numbers to run our meets safely and efficiently.

As a parent/guardian you have the responsibility to cover four (4) meets. If for some reason you are unable to fulfill your volunteer position it is your responsibility to find a replacement for the meet.

Each family will provide a check for \$50.00 made payable to the Washington Shark Swim Team. This check will be held by the swim team treasurer during the swim team season. It will be returned at the end of the season provided that the family has fulfilled the work requirements. It will be deposited into the swim team account if the family does not fulfill the work requirements.

Please, notice our goal is to have a smooth season and that the team is counting on you.

I _____ understand and compromise to cover my duties. I understand that if I failed to cover my duties a \$50 dollar check will be cashed as a penalty.

This check can either be payable at the time of registration or at the latest, it can be brought to the parents meeting in May (date to be determined).

Parent / Legal Guardian Name Signature Date

X_____

Work Bond Agreement

Dear Parent/Guardian,

The Washington Sharks Swim Team is a volunteer run organization. The success of our swim meets and our team depends on the help of all of our families. We need to be able to provide capable volunteers in sufficient numbers to run our meets safely and efficiently. As a parent/guardian of a swimmer you have the responsibility to volunteer for at least six (6) meets. If for some reason you are unable to fulfill your volunteer position it is your responsibility to find a replacement for the meet. Each family will provide a check for \$50.00 made payable to Washington Sharks Swim team. This check will be held by the swim team treasurer during the swim season. It will be returned at the end of the season provided that the family has fulfilled the work requirements. If the work requirements are not fulfilled, the check will be deposited into the swim team account.

Our goal is to have a smooth season and cooperation from every family is needed to achieve this.

I _____ understand the duties expected and promise to cover these duties. I understand that if I fail to cover my duties, my \$50.00 work bond check will be cashed as a penalty.

Parent/Legal Guardian Signature

Date

This signed agreement and check may be returned at the parent meeting to be held in May or can be mailed to 4 Lenape Trail, Washington, NJ 07882.

I understand that my swimmer will not be able to begin practice with the team until this agreement and work bond check have been turned in.

Parent/Legal Guardian Signature

Date
